PTO/SB/21 (05-03)

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TRADEMAR **Application Number** 09/828,432 TRANSMITTAL Filing Date April 6, 2001 **FORM** First Named Inventor Gabriel Vogeli (to be used for all correspondence after initial filing) Art Unit 1646 **Examiner Name** John D. Ulm Total Number of Pages in This Submission Attorney Docket Number PHRM0020-100/00145.US1 ENCLOSURES (check all that apply) ter Allowance coroup

Appeal Communication to Board or Appeals and Interferences

Appeal Communication to Group

(Appeal Notice, Brief, Reply Brief)

Proprietary Information

etter Assignment Papers Fee Transmittal Form (for an Application) Fee Attached Drawing(s) Amendment / Response Licensing-related Papers Petition After Final Petition to Convert to a Affidavits/declaration(s) Provisional Application Power of Attorney, Revocation Other Enclosure(s) Extension of Time Request Change of Correspondence Address 1. Marchese et al., Trends Terminal Disclaimer Pharmacol. Sci., 20(9): 370-5, Express Abandonment Request Request for Refund 1999 Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Remarks Document(s) Express Mail No.: EV 146602818 US Response to Missing Parts/ Date of Deposit: August 20, 2003 Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Daniel M. Scolnick/Reg. No.: 52,201 Individual name Signature Date August 20, 2003 CERTIFICATE OF MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below Typed or printed name Date Signature

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		First Named Inventor			Gabriel Vogeli	
Effective 01/01/2003, Patent fees are subject to annual revision.	Exam	iner Nam	ie	John	D Ulm	١
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	2002 165	5 •		1402	320	2402	160	Filing a brief in support of an appeal	
	2003 260	=		1403	280	2403	140	Request for oral hearing	
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1203 280	2203		endent claim, if not paid	1801	750	2801	375	Request for Continued Examination (RCE)	
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SUBMITTED BY				C	omplete (if applicable)
Name (Print/Type)	Daniel M. Scolnick	Registration No. Attorney/Agent)	52.201	Telephone	215-665-2000
ignature	Prince	14/ Bestalet	<del>7</del>	Date	August 20, 2003

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